

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08408

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** NICHOLAS POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

330 W. BEARSS AVE.  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

330 W. BEARSS AVE.  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 59-2674568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANKE, DOUGLAS P  
330 W. BEARSS AVE.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NORMAN, BILL  
Address: 324 W. BEARSS AVE  
City-St-Zip: TAMPA, FL 33613

Title: DAT  
Name: ANDERSON, ROBERT  
Address: 332 W. BEARSS AVE  
City-St-Zip: TAMPA, FL 33613

Title: DS  
Name: SUTTON, SUSAN  
Address: 322 W. BEARSS AVE  
City-St-Zip: TAMPA, FL 33613

Title: DT  
Name: HANKE, DOUGLAS  
Address: 330 W. BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

Title: DVP  
Name: PETERSON, BARRY  
Address: 334 W. BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

Title: DVP  
Name: KINNARD, JOHN  
Address: 326 W. BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS P. HANKE

DT

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date